Med 501.02

(i) When prescribing any controlled substance for use in pain control, licensees shall:

(1) Document prescription for such controlled substances according to Med 501.02(d) and (e); and

a. When prescribing an opioid for acute pain, provide the patient with information that contains the following:

(1) Risk of side effects, including addiction and overdose resulting in death;

(2) Risks of keeping unused medication;

(3) Options for safely disposing of unused medication; and

(4) Danger in operating motor vehicle or heavy machinery.

(2) Utilize appropriate treatment standards for the treatment of chronic pain, including:

a. Utilization of an informed consent that explains the following risks associated with opioids:

(1) Addiction;

(2) Overdose and death;

(3) Physical dependence;

(4) Physical side effects;

(5) Tolerance; and

(6) Crime victimization.

b. Proper patient evaluation, including a risk assessment. A risk assessment means a process for predicting a patient's likelihood of misusing or abusing opioids in order to develop and document a level of monitoring for that patient. An example of a screening tool is the Screener and Opioid Assessment for Patients with Pain (SOAPP), but prescribers can use any evidence-based screening tool.

c. Creation of a treatment plan;

d. A written pain agreement;

e. Appropriate consultations;

f. Periodic review and follow-up; and

g. Appropriate toxicology screening.

(3) Comply with all federal and state controlled substances laws, rules, and regulations;

(4) Adhere to the principles outlined in the, Federation of State Medical Boards Model Policy on the Use of Opioid Analgesics in the Treatment of Chronic Pain, July 2013,as cited in Appendix II; and

(5) Adhere to the principles outlined in the Clinical Guidelines for the Use of Buprenorphine in the Treatment of Opioid Addiction, A Treatment Improvement Protocol by the U.S. Department of Health and Human Services (2004) found at http://buprenorphine.samhsa.gov/Bup_Guidelines.pdf, as cited in Appendix II.

(j) Deviation from these treatment standards shall constitute unprofessional conduct within the meaning of RSA 329:17, VI,(c) and a violation of Med 501.01(a).